

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/10/2019 11:10
Date Of Accident	21/10/2019 13:35
Exact Location Of Accident	CLEMENCEAU AVE TURNING TO PENANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8988R
Insured/Policyholder	
Name Of Registered Owner	KOO CHEE WE
NRIC No	S6879534F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96618359
Alternative Phone No	OFFICE-96618359

Vehicle Particulars

Manufacturer	KIA
Model	CARENS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000677
Cover Note Number	

Driver

Name of Driver	KOO CHEE WE
NRIC No	S6879534F
Date Of Birth	07/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1992
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96618359
Fax Number	
Contact Number	OFFICE-96618359
EMail Address	NOEMAIL

Address	BLK 213A COMPASSVALE LANE #15-254
Postcode	541213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191021/2141

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH313G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOO CHEE WE

Approximate Age

Injuries Sustain HAND , NECK PAIN

Injured person in which vehicle? SLQ8988R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

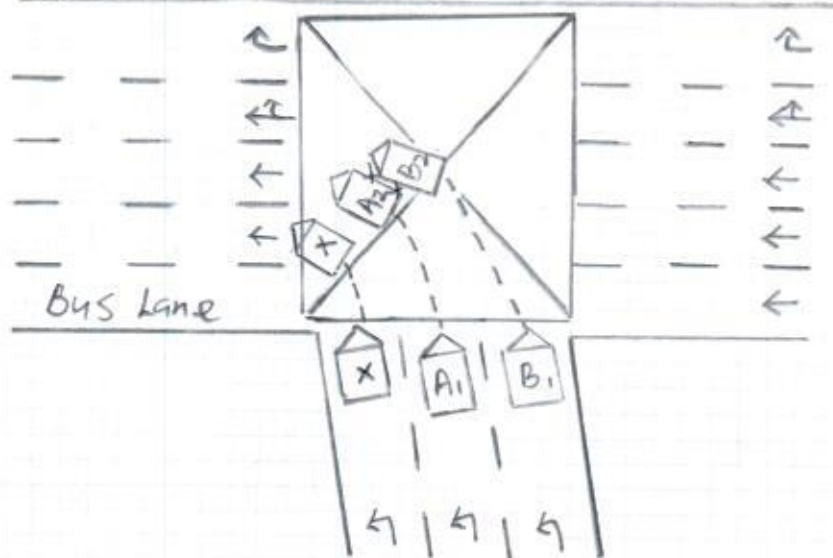


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = SLQ 8988R

B = GBH 313G

Clemenceau Avenue
turning to
Penang Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/2019/021/2141

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/10/2019		Time: 13:35		(hh:mm) 24 hr format	
Location: Clementine Avenue turning to Penang Road					
Vehicle Number: SLQ 898BR.					
Insured Name: KOO Chee Wee					
NRIC / FIN: 53348232A		Contact Number: 9661 8359			
Make: KIA		Model: Caren.			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company: FWD					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number: PN12019-00000677.					
Name of Driver: KOO Chee Wee		() Same as Insured			
NRIC / FIN: 56879534F		Contact Number: 9661 8359.			
Date of Birth: 07/09/1968					
Driving Pass Date: 05/03/1992.					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address: koocheewe@gmail.com		() NO EMAIL			
Address of Driver: BLK 213A Compassvale Lane					
#15-254 Singapore 541213.					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured: (<input checked="" type="checkbox"/>) Sole-proprietor.					
() Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes () No					
Was anybody injured in the accident? () Yes () No					
If yes, injured detail: KOO Chee Wee Hand, Neck Pain.					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B: 6BH 313G.					
Veh C:					
Veh D:					
Veh E:					
Veh F:					

Passengers: Grab passenger (M) x 4
(F) x 1



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 17:18		Vide Report No.:		Station Diary No.: 92	
Informant's Particulars					
Name of Informant: KOO CHEE WE			Address: APT BLK 213A COMPASSVALE LANE #15-254 SINGAPORE 541213		
ID Type / ID No.: NRIC NO / S6879534F			Contact No.: Home/Office: Mobile: 96618359		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 07/09/1968	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/10/2019 13:35	Type of Location: T-Junction
Location: Along Road 1 CLEMENCEAU AVENUE Clemenceau Avenue turning to Penang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH313G	Van					0
SLQ8988R	Car				Slightly Damaged	5

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver			
Name	KOO CHEE WE		ID No. S6879534F
Related Vehicle	SLQ8988R (Car)		Contact No. 96618359
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC (TAMPINES)		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/10/2019	Date Discharge	21/10/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 21st October 2019 at about 1340hrs, I had picked up 5 passengers at Novotel Clarke Quay with my vehicle bearing registration plate SLQ8988R. While I was driving the centre lane along Clemenceau Avenue the traffic light turns red. When the traffic light turns green, I started to move forward and turn to Penang Road. While turning on the middle lane, there was one van bearing registration plate GBH313G on my right. The van swerve into my lane as such the left side of the van collided onto my right side of my vehicle and my right side of my vehicle is badly damaged. I could hear the impact and my vehicle is equip with sensor. My vehicle is install with an in-car camera and managed to capture the incident. I sustained neck and hand pain hence I went to Shenton Family Medical Clinic (Tampines) for medical treatment and was given 2 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20191021/2141

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20191021/2141

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 NURHIDAYAH BINTE IADIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/10/2019 17:18

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2019-00000677

Car plate number : SLQ8988R

Coverage start date: 11/07/2019

Coverage end date: 10/07/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: KOO CHEE WE

NRIC/FIN: S6879534F

Address: 213A Compassvale Lane 15-254 Compassvale Pearl Singapore 541213

Email: koocheewe@gmail.com

Mobile Number : 96618359

Date of Birth: 07/09/1968

Gender : Male

Marital status: Married

Certificate of Merit: No

Current no claims discount: 30%

Years of driving experience: Three or more

Company Name: KOO CHEE WE

ACRA Number: 53348232A

About your car and policy

Car make and model: KIA CARENS 1.7

Year of first registration : 2017

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,678.13

Finance company: HL Finance